# Community Resources Directory for <CCC program name>

**Instructions for use:**  Use the table below as a starting list of many of the most common community resources. Begin to identify those in the community that are most likely needed given the cohort of patients being served by the CCC program. Add lines if more than one organization provides the type of services described; split rows for specialized service organizations.

|  |  |  |
| --- | --- | --- |
| Type of Community Resource | PriorityH-M-L | Name of Organization(s) |
| Adult day care services |  |  |
| Aging services—local agency providing senior centers, transportation assistance, meal programs, information on in-home help, etc. |  |  |
| Alcoholics Anonymous |  |  |
| Alert services—personal response for emergency services, usually commercial |  |  |
| Assisted living facilities |  |  |
| Crisis line |  |  |
| Exercise/physical activity services |  |  |
| Food pantries |  |  |
| Health education—organizations that provide classes for those living with specific health conditions, health or computer literacy, or guidance on using social media, PHRs |  |  |
| Homeless shelters |  |  |
| Homemaker services |  |  |
| Nutrition services—like Meals on Wheels |  |  |
| Pastoral care |  |  |
| Parish nursing |  |  |
| Personal care services—meal preparation, housekeeping, bathing and grooming, shopping, transfer assistance |  |  |
| Public health services |  |  |
| Respite care |  |  |
| Social services—organizations that address psychosocial needs, human services, welfare, protective services, etc. |  |  |
| Support groups or services—includes applicable social media sites |  |  |
| Tobacco cessation services |  |  |
| Transportation services—for in-home patients, transport to/from physician offices/clinics, other |  |  |
| Weight management services |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |

[See next page for a template to provide details about each directory entry.]

# Community Resources Directory for <CCC program name>

**Instructions for use:** Replicate the table of information below for each community resource participating in or supporting the CCC program. Add additional information as appropriate for the program. Consider using a spreadsheet or formatted database for easy access, sorting and reporting of the information.

|  |  |  |
| --- | --- | --- |
| <Name of Organization> | | |
| Location | <Street, City, Zip code> <Phone number>  <Fax number)  <website address> | Mailing Address (if different) |
| Key Contact | <Name>, < position> <phone number>  <email address> | Working Contact (if different)<Name>, < position> <phone number>  <email address> |
| Services Provided | <Service><Cost><Payment options> | Options for Financial Assistance (if any) |
| Hours of Operation | <General hours><Holiday hours> | Emergency Hours (if any) |
| Process to Obtain Services | <Forms or referral requirements><Lead time> | Other Requirements (if any) |
| Additional Information | <Expectations re: data sharing, service follow up, reports, issue management, etc.> | |

|  |  |  |
| --- | --- | --- |
| <Name of Organization> | | |
| Location | <Street, City, Zip code> <Phone number>  <Fax number)  <website address> | Mailing Address (if different) |
| Key Contact | <Name>, < position> <phone number>  <email address> | Working Contact (if different)<Name>, < position> <phone number>  <email address> |
| Services Provided | <Service><Cost><Payment options> | Options for Financial Assistance (if any) |
| Hours of Operation | <General hours><Holiday hours> | Emergency Hours (if any) |
| Process to Obtain Services | <Forms or referral requirements><Lead time> | Other Requirements (if any) |
| Additional Information | <Expectations re: data sharing, service follow up, reports, issue management, etc.> | |

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